

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/574988

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		2		2		
5		2		2		
6		0		0		
7		0		0		
8		0		0		
9		0		0		
10		2		2		
11		2		2		
12		0		0		
13		0		0		
14		0		0		
15		0		0		
16		0		0		
17	1		1			
18		1		1		
19		2		2		
20		2		2		
21		0		0		
22		0		0		
23		0		0		
24		0		0		
25		0		0		
26		0		0		
27		0		0		
28		0		0		
29		0		0		
30		0		0		
31	1		1			
32		1		1		
33		2		2		
34		0		0		
35		0		0		
36		0		0		
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39		0		0		
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49						
50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	46	←	38	←		←
TOTAL CLAIMS	49		41			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						